

b.—PATHOLOGY OF THE NERVOUS SYSTEM AND MIND AND PATHOLOGICAL ANATOMY.

THE MENTAL STATE OF INEBRIATES. M. Leudet, *Gaz. hebdomadaire*, 1875, p. 648-677. (Abstract by Choupe in *Rev. des. Sciences Médicales*.)

The author commences by observing that the knowledge of intemperate antecedents of a patient, is not enough to establish that a special psychic disorder is due to alcoholic intoxication, but he thinks that what will clear the diagnosis in such a case, is the simultaneous existence of other morbid phenomena due to the abuse of alcohol. Without pretending that we do not meet with psychic troubles of alcoholic origin in the absence of other symptoms of intoxication, he believes that in the great majority of cases these troubles are accompanied, or more frequently preceded by symptoms of alcoholic gastritis.

M. Leudet has collected full observations of many hundred of cases in all grades of social standing. He believes, after an attentive study, that many of those who give themselves up to alcoholic excesses have already in their antecedents a predisposition to mental disorders. He is unable to say whether the nature of the liquors has any influence on the production of the symptoms, the mental ones more particularly, but bad qualities of brandy seem to be most rapid in poisoning the system.

The continuity of the absorption of alcohol is one of the most active causes in producing psychic accidents; it is in those individuals saturated by frequent excesses, that doses a little stronger than usual cannot be tolerated without inducing intellectual disorders. M. Leudet believes that the next cause of these accidents is an alteration of the cerebral vessels due to circulatory modifications.

After this interesting etiological discussion he commences upon the discussion of the clinical phenomena; these vary from simple alterations of character, hardly noticed by those about, to mania, lypemania, dementia, and idiocy.

In the well-to-do classes we observe especially depressive forms of insanity, terror, suicidal ideas, etc. In the milder cases depression is the dominating symptom. In general these patients do not have hallucinations. It is only in exceptional cases that the delirium becomes violent, the patients are then in the highest degree irascible. This delirium is essentially transitory. It is characterized by a great activity of ideas; the patient changes every instant in his delirious ideas, and the state, as we see, is very closely allied to delirium tremens; in this subacute form it may appear in the course of chronic alcoholisms; it is always apyretic.

The impulse to suicide appertains to the rapid form of alcoholic intellectual troubles; it is to be remarked that those insane do not even deliberately make the attempt. Nevertheless, we find some cases of prolonged and persistent mania; these are generally the most dangerous to society, and this rare form may be designated under the name of *ebrious ferocity*. The author quotes in relation to this some experiments of M. Magnan. These are the forms appertaining to subacute alcoholism, before there exist any profound visceral alterations.

M. Leudet terminates his memoir with a study of the mental condition in chronic alcoholism. The patient who has reached the cachectic period often presents intellectual troubles that are little distinguishable from those observed in other mental disorders; nevertheless we may note more particularly among them certain hallucinations, and especially a great tendency to melancholy; they are only exceptionally the characteristics of exalted delirium (*delire ambitieuse*). Arrived at the last degrees of cachexia the alcoholic aliens finish in idiocy.

In general, the mental disorders of subacute alcoholism recover, but those of the cachectic period often become permanent.

APOPLECTIFORM BULBAR PARALYSIS. At the session of the medical section of the Schlesische Gesellschaft of Vaterlaendische Cultur, Feb. 4, 1876, (reported in the *Berliner klin. Wochenschr.* No: 12.) Dr. Lichtheim spoke of bulbar paralysis and its relations to disorders of the lateral columns of the cord. He mentioned a case in which he had demonstrated the simultaneous occurrence of three separate affections. (1) bulbar paralysis; (2) muscular atrophy, of the ball of the thumb and the interossei of both hands, and (3) sclerosis of the lateral column of the spinal cord, paralysis and stiffness of the muscles of the extremities, with intact sensibility and a remarkable exaggeration of the sinew reflex. He remarked on the great similarity of this combination to that described by Charcot under the name of amyotrophic lateral sclerosis, but suggested still on the other hand, that this case probably differed from those described by Charcot in the development and grouping of the symptoms. In the case of a lady there was, many years before, a right cerebral hemiplegia with aphasia coming on without any apoplectic attack, but which gradually disappeared almost completely. Six years ago she was suddenly taken with symptoms of bulbar paralysis, to which, in a few hours there was added a complete paralysis, first of the left then of the right side. She was perfectly motionless, speechless, and almost incapable of swallowing. Her condition gradually improved more and more, but has been almost stationary the last two years. The patient is remarkable at present on account of the muscular rigidity which is especially marked in the lower extremities, and the sinew-reflex, which can be demonstrated in the most insignificant superficial sinews. In this case also, the disease commenced at once with all its symptoms, then gradually improved for a long